PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

		OIPE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
2568-A RIVA RO SUITE 304		SEP 30		addressed to the Mai transmitted to the USF	with sufficient postage for fir 1 Stop ISSUE FEE address PTO (571) 273-2885, on the control	above, or being facsimile date indicated below.
ANNAPOLIS, MI		A TEM				(Depositor's name)
/03/2005 MGEBREM2 0000	00007 090456 1006339	14				(Signature)
FC:1501 1400.00						(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/063,394	10/063,394 04/18/2002		Kai Di Feng		BUR920010121	7864
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FE \$1400		PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	DATE DUE 11/25/2005
EXAM	EXAMINER ROSSOSHEK, YELENA		IT .	CLASS-SUBCLASS]	
ROSSOSHE			·	716-006000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2. Gibb I.P. Law Firm, I Richard A. Henkler, I Rich			
	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT	(print or type)		
		elow, no assignee d	lata will appea	ar on the patent. If an assign	nee is identified below, the o	document has been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	s an assignee is identified be n 37 CFR 3.11. Completion	of this form is NOT				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	n 37 CFR 3.11. Completion	of this form is NOT		: (CITY and STATE OR CO	UNTRY)	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	n 37 CFR 3.11. Completion	of this form is NOT (B)) RESIDENCE	•		
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Interna	n 37 CFR 3.11. Completion	of this form is NOT (B) s Machines	RESIDENCE Corpora	tion Armonk, N		oup entity
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Interna Please check the appropriate 4a. The following fee(s) are	n 37 CFR 3.11. Completion EE ational Business e assignee category or category	of this form is NOT (B) S Machines bries (will not be print 4b.	RESIDENCE Corpora nted on the pat	tion Armonk, N ent): Individual 12 C ee(s):	Y orporation or other private gr	oup entity Government
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Internation Please check the appropriate 4a. The following fee(s) are	ational Business e assignee category or category enclosed:	of this form is NOT (B) S Machines ories (will not be pri	RESIDENCE Corpora nted on the path Payment of F	tion Armonk, Notent): Individual decectors: the amount of the fee(s) is er	Y orporation or other private gracelosed.	oup entity Government
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Internation Please check the appropriate 4a. The following fee(s) are Publication Fee (No see	ational Business e assignee category or categor enclosed:	of this form is NOT (B) S Machines pries (will not be prin 4b.	Corpora nted on the pat Payment of F A check in Payment b	tion Armonk, Notent): Individual Of Cee(s): the amount of the fee(s) is erry credit card. Form PTO-203:	Y orporation or other private graclosed. 8 is attached.	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Internate Please check the appropriate 4a. The following fee(s) are	ational Business e assignee category or categor enclosed:	of this form is NOT (B) S Machines ories (will not be prin 4b.	COPPOPA nted on the pate. Payment of F A check in Payment b	tion Armonk, Notent): Individual Of Cee(s): the amount of the fee(s) is erry credit card. Form PTO-203:	Y orporation or other private gracelosed.	credit any overpayment, to
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Internate Please check the appropriate 4a. The following fee(s) are Publication Fee (No see Advance Order - # of Section 1.15) 5. Change in Entity Status	ational Business e assignee category or categor enclosed:	of this form is NOT (B) S Machines ories (will not be print 4b. ed)	Corpora nted on the pat Payment of F A check in Payment b The Direct	tion Armonk, N ent): Individual Cee(s): the amount of the fee(s) is er y credit card. Form PTO-203: tor is hereby authorized by count Number 09-0456	Y orporation or other private gr aclosed. 8 is attached. charge the required fee(s), or	credit any overpayment, to copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.